

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023313

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 100

Registrar's No. 3925

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
23 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
6021 E. 12th. Terr.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Austin C. Nisser4. DATE OF DEATH
Month Day Year
May 30, 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9/4/19179. AGE (last birthday)
44IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clerk10b. KIND OF BUSINESS OR INDUSTRY
Rock Island Rr.11. BIRTHPLACE (City and state or country)
Des Moines, Iowa12. CITIZEN OF WHAT COUNTRY
US

13a. FATHER'S NAME

Ernest C. Nisser

13b. MOTHER'S MAIDEN NAME

Minnie Chrest

14. NAME OF HUSBAND OR WIFE

Dorothy Nisser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)
Yes WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Robert Nisser 1725 Blue Ridge

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of Lung

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1 '62, to present, and last saw her
him alive on
Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. J. Lally (Deceased's title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/2/1962

23c. NAME OF CEMETERY OR CREMATORY

Mt Washington

23d. LOCATION (City, town, or county)

Independence, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Earp & Sons Mortuary Kansas City

25. DATE RECD. BY LOCAL REG.

6-1-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD, ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 3 21 3

3

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9 163X

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12 67-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James W. Taylor

Licensed Embalmer No. 4622

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.